

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ County _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____	Owner/Operator Name Name _____ Phone () _____ Mail Address _____																									
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> FOR OFFICIAL USE ONLY </div> <div> ID # _____ Date Received _____ </div> </div>	Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____																									
Important: Read all instructions before completing form																											
Reporting Period From January 1 to December 31, 20____		<input type="checkbox"/> Check if information below is identical to the information submitted last year.																									
<div style="display: flex;"> <div style="flex: 1;"> <h2 style="margin: 0;">Confidential Location Information Sheet</h2> </div> <div style="flex: 2;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: center;">Container Type</th> <th style="width: 10%; text-align: center;">Pressure</th> <th style="width: 10%; text-align: center;">Temperature</th> <th style="width: 50%; text-align: center;">Storage Codes and Locations (Confidential)</th> <th style="width: 15%; text-align: center;">Optional</th> </tr> <tr> <th colspan="3"></th> <th style="text-align: center;">Storage Locations</th> <th></th> </tr> </thead> <tbody> <tr> <td style="height: 80px; vertical-align: top;"> CAS# _____ Chem. Name _____ </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="vertical-align: top;"> _____ _____ _____ _____ </td> <td style="text-align: center; vertical-align: bottom;"> <input type="checkbox"/> </td> </tr> <tr> <td style="height: 80px; vertical-align: top;"> CAS# _____ Chem. Name _____ </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="vertical-align: top;"> _____ _____ _____ _____ </td> <td style="text-align: center; vertical-align: bottom;"> <input type="checkbox"/> </td> </tr> <tr> <td style="height: 80px; vertical-align: top;"> CAS# _____ Chem. Name _____ </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="text-align: center; vertical-align: middle;"> </td> <td style="vertical-align: top;"> _____ _____ _____ _____ </td> <td style="text-align: center; vertical-align: bottom;"> <input type="checkbox"/> </td> </tr> </tbody> </table> </div> </div>			Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential)	Optional				Storage Locations		CAS# _____ Chem. Name _____			_____ _____ _____ _____	<input type="checkbox"/>	CAS# _____ Chem. Name _____			_____ _____ _____ _____	<input type="checkbox"/>	CAS# _____ Chem. Name _____			_____ _____ _____ _____	<input type="checkbox"/>
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.																											
Name and official title of owner/operator OR owner/operator's authorized representative _____		Signature _____ Date signed _____																									
Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures																											